



**WAIVER & RELEASE OF CLAIMS and
INDEMNIFICATION AGREEMENT
(with Authorization For Medical Care)**



This authorization covers _____ during his/her travel to and participation in _____, a 4-H event. This activity covers the period _____ through _____.

I (releasor/indemnitor), the undersigned parent/legal guardian of the above-mentioned 4-H member (participant), authorize his/her participation in this event. It is my understanding that participation in the activities that make up this event is not without some inherent risk of injury. In consideration of participant's involvement in this event, I hereby release, waive, discharge, and covenant not to sue the sponsor of this event, the State of Texas, The Texas A&M University System, the Board of Regents of the System, Texas A&M University, the Texas Cooperative Extension, the Texas 4-H & Youth Development Program, or any employees or agents of these entities (releasees/indemnities), from any and all liability, claims, or causes of action whatsoever arising out of or related to any loss or injury, including death, that may be sustained by participant, including claims arising from the negligence of releasees. I further agree to defend, hold harmless and indemnify indemnitees from any and all claims and causes of action as a result of participant's involvement and actions at this event, including claims and causes of action arising from the negligence of indemnitees. The foregoing agreements are effective while traveling to and from the event, and while participating in the event and on premises where the activity is being conducted.

I give my permission for participant to be treated for condition requiring emergency medical care, as determined by a health care professional, and accept responsibility for the cost of the treatment. I agree to defend, hold harmless and indemnify indemnitees for any expenses incurred in treating participant. In case of sudden illness or accident to participant, either at the event or traveling to or returning from the event, I authorize Texas Cooperative Extension personnel serving as chaperones to take reasonable action to protect the health and physical well-being of participant. I understand a medical policy carried by American Income Life, if any, may be available to pay certain medical expenses related to treatment of participant. The following information is provided as an aid to the chaperones in dealing with the well-being of participant.

Signature of Parent/Guardian

Date